

Biological
& Medical
Serials

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& Medical
Serials

BULLETIN
AMERICAN COLLEGE
of **SURGEONS**

VOL. IV.

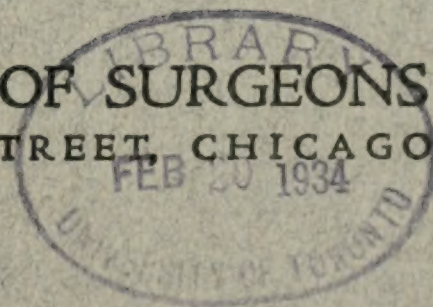
JANUARY, 1919

NO. 2

HOSPITAL STANDARDIZATION SERIES

CASE RECORD FORMS

AMERICAN COLLEGE OF SURGEONS
25 EAST WASHINGTON STREET, CHICAGO



STORAGE

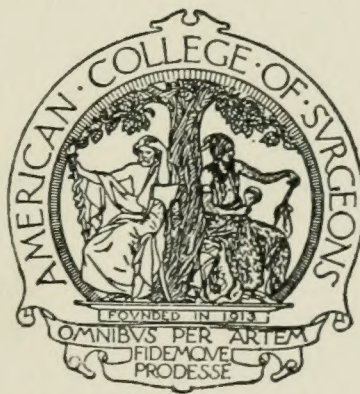
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OF THE
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25 EAST WASHINGTON STREET, CHICAGO

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PREFACE

THE case record forms printed in the following pages were prepared by the staff of the College with the kind assistance of physicians, surgeons, and hospital superintendents widely scattered over the country. The aim in the work has been to prepare record forms which are simple, convenient, and adequate to meet the needs of record keeping in cases usually found in general hospitals. Suggestions and directions on the forms are sparingly offered. In a separate pamphlet however (Bulletin Vol. iv, No. 1) the College gives detailed description of the use and meaning of these forms in hospital service. The entire subject of record keeping is there briefly discussed. That bulletin and the present bulletin are published by the College in connection with its program of hospital standardization. Both of these bulletins may be had on request to the College.

For convenience in the keeping of records it is suggested that the forms be made in a size about $8\frac{1}{2} \times 11$ inches in order that they may be filed readily in any standard letter filing system. The forms as printed in the following pages are slightly reduced from that size.*

In all of its work on the subject of case records the College aims merely to be helpful to hospitals. Criticisms and suggestions for the betterment of the forms here submitted are cordially invited.

* NOTE. The record forms printed in this bulletin are not supplied by the College, nor are they offered for sale directly or indirectly by the College. As a matter of convenience, however, the statement is here made that these forms, printed on good bond paper, each $8\frac{1}{2} \times 11$ inches, may be purchased from The Faithorn Company, 500 Sherman Street, Chicago. The cost of these forms, shipped by express prepaid upon receipt of price, is as follows:

First 100, \$1.50; additional 100's at same time, 75c. First 1000, \$8.25; additional 1000's at same time, \$6.00. Physical Examination Record, and Eye, Ear, Nose and Throat Record (two sheets each), double price. Please order by form number. The name of hospital may be added on order of one thousand or more at a cost of \$2.00 per 1000 blanks.

SUMMARY CARD				
Name _____		Address _____		Case no. _____ Dr. _____
Final diagnosis _____	Age _____ Adm. date _____ Dis. date _____ S. M. W. yrs. _____ Op. date _____			
Working diagnosis _____	Treatment: important points _____			
Physician referring patient _____	Complications _____			
Address _____				
Responsible relative or friend _____				
Address _____	Pathological report _____			
Came for relief of _____				
	Condition on discharge _____			
Anesthetic and anesthetist _____				

[illegible]

PERSONAL HISTORY

Case no. _____

Date _____

Dr. _____

Name _____ Address _____

Final diagnosis: To be recorded when determined _____ Past history: Diseases from childhood to date, habits, social data _____

Age _____ Sex _____ Race _____ S. M. W. yrs. _____ Adm. _____ Dis. _____

Occupation _____

Family History	Age	Health, if living, or cause of death Note especially Hereditary or Infectious diseases
Father		
Mother		
Brothers		
Sisters		

Chief complaint: Date and mode of onset, probable cause, course _____

Former or subsequent admissions to this or other hospitals

Date	Case No.	Diagnosis
1		
2		
3		

Signed _____

PHYSICAL EXAMINATION

Case no. _____
Date _____

Name _____

Working diagnosis: After physical examination _____

General condition: Temp. _____ Height _____ Wt n. _____ pr. _____

Pulse: rate _____ char. _____ B P.: s. _____ d. _____

Resp.: rate _____ char. _____

Nutrition, etc. _____

Physical findings: Head, Neck, Chest, Cardio-Vascular, Abdomen, Genito-
Urinary, Skin, Bones and Joints, Glandular, Neuro-muscular.

PHYSICAL EXAMINATION

CONTINUATION

Case no. _____

Name _____

Date _____

[illegible]

Examined by _____

EAR, NOSE AND THROAT RECORD

Case no. _____

Date _____

Name _____

Address _____

Diagnosis _____

Age _____ Sex _____ Race _____

S. M. W. years _____ Occupation _____

Complaint: History relevant to complaint and summary of general physical condition _____

Transillumination

Maxillary sinus: R. _____ L. _____

Frontal sinus: R. _____ L. _____

Skiagraph

Maxillary sinus: R. _____ L. _____

Frontal sinus: R. _____ L. _____

Functional examination of hearing

	Whisper	Weber	Schwabach	Rinne
R. Ear				
L. Ear				
	Lower tone limit	C4	Galton whistle	Fistula
R. Ear				
L. Ear				

Treatment, Progress _____

Special examination: Nose, Mouth, Larynx, Trachea, External auditory canal, Membrana tympani, Eustachian tube, Mastoid, etc. _____

Signed _____

(2)

Date _____

Treatment, Progress _____

Deafness _____

Shoulder from side _____

To left shoulder from above _____

Douche left shoulder from above _____

Form 4b

EYE RECORD

Case no. _____

Name	Address	Date
Final diagnosis	Glasses worn	
	Glasses given	
Age Sex Race	Ophthalmoscopic examination	
Referred by		
Friend or relative with business address		
Complaint: History relevant to complaint and summary of general physical condition		
	Mydriatic refraction: Atropin	
	H and C. E. and C.	
	Skiascopy: R. E.	
	L. E.	
	Subjective tests: R. E.	
	L. E.	
	Post-cyclopegic tests: R. E.	
	L. E.	
	Muscles	
	Photometric	
	Fields	
External examination		
	Treatment	
Pupillary reactions		
Tension R. E. L. E.		
Vision R. E. L. E.		

Signed _____

OPERATIVE RECORD

Case no.

Date

Name

Postoperative diagnosis

Preoperative diagnosis complete

Surgeon

Anesthetist

Assistants

Instrument nurse

Sponge nurse

Condition of Patient

Temperature	Respiration	Pulse	Blood pressure	General Condition

Anesthetic:

Condition during anesthesia: Pulse, respiration, stimulants, etc.

Operation

Began Closed

Findings: Gross: Describe all pathological findings and all organs explored, normal and abnormal.

Findings: Microscopic

What was done

Immediate postoperative condition: Hemorrhage, shock, etc.

Signature of operator

PREGNANCY RECORD

Case no. _____

Date _____

Dr

Address

Age_____ Race_____ Occupation_____

S. M. W., years _____ Gravida _____

Family history _____

Previous illness _____

Menstruation: First began _____ frequency _____

duration—amount—pain—

Marriage _____

Husband's health _____

Children: no. _____ ages _____

wt. at b. _____

no. living—health—

no. dead—cause—

Character of previous pregnancies, labors, and puerperiums _____

Miscarriages: no. _____ state of gestation _____

cause_____

Last menstruation, 1st day _____

Quickening _____ Estimated conf. _____

Nausea and vomiting _____

Headache _____

Edema _____

Leukorrhea _____

Urine _____

Bowels _____

Miscellaneous _____

Examination. Head, Neck, Chest, Breasts Cardio-vascular Skin, Bones and Joints, Neuro-muscular, Abdomen, Uterus and Foetus, Genito-urinary external and internal.

Measurements

Sp.	Cr.	Tr.	Outlet.	C d	C. v.

Signed _____

LABOR RECORD

Name _____		Case no. _____
Date _____		
Diagnosis _____	Unusual features, Operations, Summary of Labor, Progress _____	
Labor Began _____ Ended _____		
Examinations: _____		
External: Time. Stage: Contraction. Intervals. Presentation Position. Heart tones _____		

Internal: Time. Stage; Vaginal, Rectal; Cervix, Os. Membranes; Presentation; Position _____		

First stage _____		

Second stage: Delivery. Anesthetic _____		

Third stage: Hemorrhage. Lacerations _____		

Placenta: Method of delivery Condition. Membranes. Cord _____		

Signed _____

NEWBORN RECORD

Case no. _____

Date _____

Name _____ Address _____ Dr. _____

Time of birth _____ Sex _____

Progress record Date, Sleep, Nursing, Cr. Eyes, Nose Skin Breasts, Umbil-
icus, Genitals, Stools, General condition

Month of gestation _____ Weight _____ Temp _____

Treatment: Eyes _____

Cord _____

When off _____

Measurements: Length, Head, Shoulders, etc. _____

General condition, Anomalies, Injuries _____

Summary _____

Signed _____

URINE AND BLOOD

Name _____						Case no _____					
Urine						Blood					
Date _____						Date _____					
How obtained _____						Hemoglobin _____					
Amount, single _____						Color index _____					
24 hours _____						Coagulation time _____					
Color _____						Erythrocytes per c. mm _____					
Appearance _____						Leukocytes per c. mm _____					
Reaction _____						Erythrocytes, color _____					
Specific gravity _____						Anisocytosis _____					
Albumin _____						Poikilocytes _____					
_____						Polychromatophilia _____					
Sugar _____						Granular degeneration _____					
Percent or gms _____						Microcytes _____					
Urea _____						Macrocytes _____					
Indican _____						Microblasts _____					
Acetone _____						Normoblasts _____					
Diacetic acid _____						Macroblasts _____					
Bile _____						Leukocytes _____					
Crystals _____						Small lymphocytes _____					
Amorphous _____						Large lymphocytes _____					
Casts _____						Large mononuclears _____					
_____						Transitional _____					
_____						Polynuclear: Neutrophiles _____					
Epithelium _____						Eosinophiles _____					
Pus cells _____						Basophiles _____					
Blood _____						Myelocytes _____					
Bacteria _____						Myeloblasts _____					
Special _____						Miscellaneous _____					
Cultures, etc. _____						Serum reaction _____					
_____						_____					
_____						Culture, Parasites, etc _____					
_____						_____					
_____						_____					
_____						_____					

**SPUTUM, SMEARS, EXUDATES, TRANSUDATES, CEREBROSPINAL FLUID,
CULTURES, ETC.**

Case no.

[illegible]

Examined by _____

GASTRIC CONTENT, FECES

Name _____		Case no. _____
Gastric Content		Feces
Date _____	Date _____	
Type of test meal _____	Amount _____	
How obtained _____	Color _____	
Time given _____	Odor _____	
Time withdrawn _____	Reaction _____	
Amount _____	Consistency _____	
Color _____	Blood: Macroscopic _____	
Odor _____	Chemical _____	
Solid constituents _____	Pus _____	
_____	Mucus _____	
_____	Undigested food _____	
General appearance _____	_____	
_____	Bile _____	
Acidity _____	Vermes _____	
Total _____	Microscopic _____	
Free HCL _____	Food elements _____	
Combined _____	_____	
Organic _____	Crystals _____	
_____	Epithelial Cells _____	
_____	Erythrocytes _____	
Fat _____	Leukocytes _____	
Bile _____	Tumor fragments _____	
Enzymes _____	Protozoa _____	
Blood: Macroscopic _____	Vermes: Head _____	
Chemical _____	Segments _____	
Microscopic: Blood _____	Eggs _____	
Food elements _____	Hooklets _____	
_____	Bacteria _____	
Bacteria _____	_____	
_____	Miscellaneous _____	
Cells, etc. _____	_____	
_____	_____	
Miscellaneous _____	_____	
_____	_____	

Examined by _____

PROGRESS RECORD

Name _____

Case no. _____

[illegible]

TREATMENT RECORD

PHYSICIAN'S ORDERS

Name _____

Case no.

[illegible]

NURSE'S RECORD

Name

Case no.

[illegible]

GRAPHIC CHART

Name

Case no.

Date																															
	A. M.			P. M.			A. M.			P. M.			A. M.			P. M.			A. M.			P. M.			A. M.			P. M.			
Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	
Temperature	106°																														
	105°																														
	104°																														
	103°																														
	102°																														
	101°																														
	100°																														
	99°																														
	Normal																														
	98°																														
97°																															
Pulse	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
	70																														
60																															
Respiration	50																														
	40																														
	30																														
	20																														
	10																														
Stools																															
Urine																															

